



Ebola Response for Oregon First Responders

November 5, 2014

The following fact sheet is a compilation of information compiled from the Centers for Disease Control and Prevention's (CDC) website. For additional information, please contact your [local public health department](#).

If you have questions about how your agency should be responding to a patient with potential or confirmed Ebola virus, and those questions cannot be answered by your local public health department, please send your question(s) to ebola.oregon@state.or.us. General inquiries can also be addressed by calling 211 during normal business hours (Monday – Friday, 8:00 AM to 5:00 PM).

It is important to remember that the risk of encountering an Ebola-infected patient and/or transmission of the Ebola virus is low. Transmission of Ebola virus requires direct contact with bodily fluids of an infected person. **The Ebola virus is not an airborne disease.**

The chances of encountering a patient infected with Ebola through a traditional 911 emergency call and response is also low. The United States Government is currently monitoring all persons coming into the United States, traveling from high-risk countries (Liberia, Sierra Leone, or Guinea). Persons are evaluated for their potential risk of infection and are monitored for 21 days. If an individual is deemed at risk, they become what is known as a Person Under Monitoring (PUM) and are reported to local and state public health authorities. If a PUM becomes symptomatic, their transport to a hospital would be a well-coordinated and thought out response with guidance from local and state public health authorities and the CDC.

It is very unlikely that an EMS agency will encounter a PUM through a traditional 911 call, with no advanced warning. It is essential that EMS agencies, Public Safety Answering Points (PSAPs), hospitals, and local health officials work in conjunction with each other to plan for an Ebola response in the unlikely event a patient with Ebola is encountered in your response area. Having pre-plans and conversations will help to reduce the risk to first response personnel, reduce public risk, and ease concern in the event an actual Ebola patient required services in your area.

Recommendations for 9-1-1 Public Safety Answering Points (PSAPs)

State and local EMS authorities may authorize PSAPs and other emergency call centers to use modified caller queries about Ebola when they consider the risk of Ebola to be elevated in their community (e.g., in the event that patients with confirmed Ebola are identified in the area). This will be decided from information provided by local, state, and federal public health authorities, including the city or county health department(s), state health department(s), and CDC.

For modified caller queries:

It will be important for PSAPs to question callers and determine if anyone at the incident possibly has Ebola. This should be communicated immediately to EMS personnel before arrival and to assign the appropriate EMS resources. Local and state public health officials should also be notified. PSAPs

should review existing medical dispatch procedures and coordinate any changes with their EMS medical director and with their local public health department.

- **PSAP call takers should consider screening callers for symptoms and risk factors of Ebola.** Callers should be asked if they, or if the affected person, has:
 - Fever of 38.0 degrees Celsius or 100.4 degrees Fahrenheit or greater, and if they have additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained bleeding.
 - If PSAP call takers suspect a caller is reporting symptoms of Ebola, they should screen callers for risk factors within the past 3 weeks before onset of symptoms. Risk factors include:
 - Contact with blood or body fluids of a patient known to have or suspected to have Ebola; or
 - Residence in or travel to a country where an Ebola outbreak is occurring (a list of countries can be accessed at the following link: [2014 Ebola Outbreak in West Africa](#)).
- **If PSAP call takers have information alerting them to a person with possible Ebola, they should make sure any first responders and EMS personnel are made aware of the potential for a patient with possible exposure/symptoms of Ebola before the responders arrive on scene.**
- If responding at an airport or other port of entry to the United States, the PSAP should notify the CDC Quarantine Station for the port of entry. Contact information for CDC Quarantine Stations can be accessed at the following link: [Quarantine Station Contact List, Map, and Fact Sheets](#).

Recommendations for EMS and Medical First Responders, Including Firefighters and Law Enforcement Personnel

For the purposes of this section, “EMS personnel” means **pre-hospital EMS, law enforcement, and fire service first responders**. These EMS personnel practices should be based on the most up-to-date Ebola clinical recommendations and information from appropriate public health authorities and EMS medical direction.

When state and local EMS authorities determine there is an increased risk (based on information provided by local, state, and federal public health authorities, including the city or county health department(s), state health department(s), and the CDC), they may direct EMS personnel to modify their practices as described below.

Patient assessment

Interim recommendations:

1. Address scene safety:
 - If PSAP call takers advise that the patient is suspected of having Ebola, [EMS personnel should put on the PPE appropriate for suspected cases of Ebola](#) **before** entering the scene.
 - Keep the patient separated from other persons as much as possible.
 - Use caution when approaching a patient with Ebola. Illness can cause delirium, with erratic behavior that can place EMS personnel at risk of infection, e.g., flailing or staggering.
2. During patient assessment and management, EMS personnel should consider the symptoms and risk factors of Ebola:
 - A relevant exposure history should be taken including:
 - Residence in or travel to a country where an Ebola outbreak is occurring (a list of countries can be accessed at the following link: [2014 Ebola Outbreak in West Africa - Outbreak Distribution Map](#), or
 - Contact with blood or body fluids of a patient known to have or suspected to have Ebola within the previous 21 days.
 - Because the signs and symptoms of Ebola may be nonspecific and are present in other infectious and noninfectious conditions which are more frequently encountered in the United States, relevant exposure history should be first elicited to determine whether Ebola should be considered further.
 - Patients who meet this criteria should be further questioned regarding the presence of signs or symptoms of Ebola Virus Disease, including:
 - Fever (subjective or $\geq 100.4^{\circ}\text{F}$ or 38.0°C), and
 - Headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or bleeding.
 - Based on the presence of risk factors and symptoms, put on or continue to wear appropriate PPE and follow the scene safety guidelines for suspected case of Ebola.
 - If during initial patient contact and assessment and before an EMS provider has donned the appropriate PPE, it becomes apparent that the patient is a suspected case of Ebola, the EMS provider must immediately remove themselves from the area and assess whether an exposure occurred. The provider should implement their agency's exposure plan, if indicated by assessment.
 - To minimize potential exposure, it may be prudent to perform the initial screening from at least 3 feet away from the patient.
 - In addition, EMS crews may – keeping scene safety in mind – consider separating so that all crew members do not immediately enter the patient area.
 - If there are no risk factors, proceed with normal EMS care.

EMS Transfer of Patient Care to a Healthcare Facility

EMS personnel should notify the receiving healthcare facility when transporting a suspected Ebola patient, so that appropriate infection control precautions may be prepared prior to patient arrival.

Use of Personal protective equipment (PPE)

Both **advanced planning and practice are critical** in putting on PPE in a variety of circumstances, in the transfer of the patient to the hospital, and in the taking off of the PPE.

EMS workers who may be involved in the care of Ebola patients should receive training and have demonstrated competency in performing all Ebola-related infection control practices and procedures, and specifically in donning/doffing proper PPE. When treating a suspected Ebola patient, EMS personnel should wear PPE and follow proper procedures for putting on and taking off (donning and doffing) PPE as described in CDC’s guidance: “ [Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On \(Donning\) and Removing \(Doffing\)](#) ”.

Pre-hospital patient care, however, is frequently provided in an uncontrolled environment with unique operational challenges. EMS systems must design their procedures to accommodate their local operational challenges while still following the principles and procedures of the CDC PPE guidance.

- For instance, it may be as simple as having one provider put on PPE and manage the patient while the other provider does not engage in patient care but serves in the role of trained observer and driver.
- Or, there may be situations where a patient must be picked up and carried and multiple providers are required to put on PPE. EMS personnel wearing PPE who have cared for the patient must remain in the back of the ambulance and not be the driver.
- EMS agencies may consider sending additional resources (for example, a dedicated driver for the EMS unit who may not need to wear PPE if the patient compartment is isolated from the cab) to eliminate the need for putting on PPE (field-donning) by additional personnel. This driver should not provide any patient care or handling.

Pre-hospital resuscitation procedures such as endotracheal intubation, open suctioning of airways, and cardiopulmonary resuscitation frequently result in a large amount of body fluids, such as saliva and vomit. Performing these procedures in a less controlled environment (e.g., moving vehicle) increases risk of exposure for EMS personnel. If conducted, perform these procedures under safer circumstances (e.g., stopped vehicle, hospital destination).

If blood, body fluids, secretions, or excretions from a patient with suspected Ebola come into direct contact with the EMS provider’s skin or mucous membranes, then the EMS provider should immediately stop working. They should wash the affected skin surfaces with soap and water and mucous membranes (e.g., conjunctiva) should be irrigated with a large amount of water or eyewash solution. Report exposure to an occupational health provider or supervisor for follow-up.

Recommended PPE should be used by EMS personnel as follows:

PPE should be put on before entering the scene and continued to be worn until personnel are no longer in contact with the patient. PPE should be carefully put on under observation as specified in the CDC’s “[Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On \(Donning\) and Removing \(Doffing\)](#)”.

PPE should be carefully removed while under observation, in an area designated by the receiving hospital, and following proper procedures as specified in the CDC’s “[Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On \(Donning\) and Removing \(Doffing\)](#)”.

Cleaning EMS Transport Vehicles after Transporting a Patient with Suspected or Confirmed Ebola Virus

The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting a patient with suspected or confirmed Ebola:

- An EPA-registered hospital disinfectant with label claims for viruses that share some technical similarities to Ebola (such as, norovirus, rotavirus, adenovirus, poliovirus)⁴ and instructions for cleaning and decontaminating surfaces or objects soiled with blood or body fluids should be used according to those instructions. After the bulk waste is wiped up, the surface should be disinfected as described below.
- EMS personnel performing cleaning and disinfection should follow the “[Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On \(Donning\) and Removing \(Doffing\)](#)”. There should be the same careful attention to the safety of the EMS personnel during the cleaning and disinfection of the transport vehicle as there is during the care of the patient.
- Patient-care surfaces (including stretchers, railings, medical equipment control panels, and adjacent flooring, walls and work surfaces), as well as stretcher wheels, brackets, and other areas are likely to become contaminated and should be cleaned and disinfected after each transport.
- A blood spill or spill of other body fluid or substance (e.g., feces or vomit) should be managed by trained personnel wearing correct PPE, through removal of bulk spill matter, cleaning the site, and then disinfecting the site. For large spills, a chemical disinfectant with sufficient potency is needed to overcome the tendency of proteins in blood and other body substances to neutralize the disinfectant’s active ingredient. Contaminated reusable patient care equipment (e.g., glucometer, blood pressure cuff) should be placed in biohazard bags and labeled for cleaning and disinfection according to agency policies. Reusable equipment should be cleaned and disinfected according to manufacturer’s instructions by trained personnel wearing correct PPE. Avoid contamination of reusable porous surfaces that cannot be made single use.
- Use only a mattress and pillow with plastic or other covering that fluids cannot get through. To reduce exposure among staff to potentially contaminated textiles (cloth products) while laundering, discard all linens, non-fluid-impermeable pillows or mattresses as appropriate.

The Ebola virus is a Category A infectious substance regulated by the U.S. Department of Transportation’s (DOT) Hazardous Materials Regulations (HMR, 49 C.F.R., Parts 171-180). Any item transported for disposal that is contaminated or suspected of being contaminated with a Category A infectious substance must be packaged and transported in accordance with the HMR. This includes medical equipment, sharps, linens, and used health care products (such as soiled absorbent pads or dressings, kidney-shaped emesis pans, portable toilets, used PPE, [e.g., gowns, masks, gloves, goggles, face shields, respirators, booties] or byproducts of cleaning) contaminated or suspected of being contaminated with a Category A infectious substance.⁵

Follow-up and/or reporting measures by EMS personnel after caring for a suspected or confirmed Ebola patient

- EMS personnel should be aware of the follow-up and/or reporting measures they should take after caring for a suspected or confirmed Ebola patient.
- EMS agencies should develop policies for monitoring and management of EMS personnel potentially exposed to Ebola.
- EMS agencies should develop sick leave policies for EMS personnel that are non-punitive, flexible and consistent with public health guidance

- Ensure that all EMS personnel, including staff who are not directly employed by the healthcare facility but provide essential daily services, are aware of the sick leave policies.
- EMS personnel with exposure to blood, bodily fluids, secretions, or excretions from a patient with suspected or confirmed Ebola should immediately:
 - Stop working and wash the affected skin surfaces with soap and water. Mucous membranes (e.g., conjunctiva) should be irrigated with a large amount of water or eyewash solution;
 - Contact occupational health/supervisor for assessment and access to post-exposure management services; and
 - Receive medical evaluation and follow-up care, including fever monitoring twice daily for 21 days, after the last known exposure. They may continue to work while receiving twice daily fever checks, based upon EMS agency policy and discussion with local, state, and federal public health authorities.
- EMS personnel who develop sudden onset of fever, intense weakness or muscle pains, vomiting, diarrhea, or any signs of hemorrhage after an unprotected exposure (i.e., not wearing recommended PPE at the time of patient contact or through direct contact to blood or body fluids) to a patient with suspected or confirmed Ebola should:
 - Not report to work or immediately stop working and isolate themselves;
 - Notify their supervisor who should notify local and state health departments;
 - Contact occupational health/supervisor for assessment and access to post-exposure management services; and
 - Comply with work exclusions until they are deemed no longer infectious to others.

¹ <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html>

² <http://www.cdc.gov/vhf/ebola/hcp/clinician-information-us-healthcare-settings.html>

³ <http://www.cdc.gov/vhf/ebola/hcp/case-definition.html>

⁴ http://www.epa.gov/oppad001/list_g_norovirus.pdf

⁵ <http://phmsa.dot.gov/portal/site/PHMSA/menuitem.6f23687cf7b00b0f22e4c6962d9c8789/?vgnextoid=4d1800e36b978410VgnVCM100000d2c97898RCRD&vgnextchannel=d248724dd7d6c010VgnVCM10000080e8a8c0RCRD&vgnextfmt=print>